

Strategies	Activities or Workgroups underway.	Comments	Linkage to the President's Management Agenda
<b>STRATEGIC GOAL 1: BUILD HEALTHY COMMUNITIES</b>			
<b><i>OBJECTIVE 1.1 - Mobilize AI/AN communities to promote wellness and healing</i></b>			
Involvement in community health initiatives			
1. At the Headquarters, Area and Service Unit levels, IHS supports and encourages ongoing involvement of IHS employees in community based assessment and health promotion initiatives; evaluation standards are written to include community involvement as an element of employees' performance appraisals.	Addressed at Area level through Area Director SES performance plans. May be filtering down to SU levels. Not being done at HQ.		
2. IHS provides ongoing support for the Head Start initiative. This ensures appropriate training for this program at local levels (Head Start programs offer one of the best opportunities for early prevention of childhood obesity and establishing a healthy lifestyle).	Nat'l Headstart coordinator position currently filled at HQ.		Supports PMA for Strategic Management of Human Capital.
3. IHS continues to promote model programs and demonstration sites, such as the Zuni Wellness Project.		Could use additional funds.	
4. IHS shares best practice guidelines for community health initiatives via the Web and other media.		Will start as part of the GPRA+ web site	Supports PMA for Strategic Management of Human Capital and Expanded Electronic Government.
5. IHS seeks to continue special initiative funding, for instance for diabetes, throughout Indian country.	Ongoing advocacy from the Friends of the Indian Health Service, tribes and tribal organizations.		

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Ongoing support for wellness and healing in AI/AN communities			
1. IHS supports a collaborative approach to the development of community health and wellness initiatives.	Conceptually IHS supports this but currently has limited ability to support financially.		
2. IHS provides ongoing support to the diabetes grant initiatives.			
3. IHS integrates/increases opportunities for local community participation in performance planning at IHS run facilities.	IHS encourages participation in Area budget/GPRA work sessions.		Supports PMA for Strategic Management of Human Capital and Budget and Performance Integration.
4. IHS works to ensure adequate dissemination of successful community-based interventions in a timely manner.		Need to identify appropriate office for this responsibility or could be done through epi centers.	Supports PMA for Strategic Management of Human Capital.
<b>OBJECTIVE 1.2 - Develop and support community and public health infrastructure</b>			
Assess the state of the public health infrastructure			
1. IHS assists the I/T/Us in education, selection and use of appropriate tools to assess their public health infrastructure.	Public health infrastructure workgroup beginning this process.	Have applied to CDC for position to support this activity.	Supports PMA for Strategic Management of Human Capital.
2. IHS supports the distribution and implementation of current community health assessment models. IHS helps identify and make resources available for technical assistance and training so that Indian communities successfully utilizes	IHS has supported Community Health Profile but resources have only allowed implementation at 3 (?) sites.	Needs additional funding.	Supports PMA for Strategic Management of Human Capital.

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these instruments to document and monitor their overall health status.			
3. IHS, in conjunction with CDC and tribal epidemiology centers, assists tribes in their evaluation, adoption, implementation and utilization of the Community Oriented Primary Care process.		Need to identify appropriate office for this responsibility.	Supports PMA for Strategic Management of Human Capital.
4. IHS makes public health assessment tools and technical assistance available via the tribal epidemiology centers as well as the internet.		Have applied to CDC for position to support this activity.	Supports PMA for Strategic Management of Human Capital and Expanded Electronic Government.
5. IHS supports the development of appropriate public health evaluation software and its integration into the clinical data system.	ITSC???	Needs additional funding.	Supports PMA for Expanded Electronic Government.
Assure that the essential public health functions are provided			
1. IHS works to improve performance of the essential public health services by increasing I/T/U access for training and continuing education in these areas. In addition, the IHS collaborates with stakeholders to develop, and distribution Indian public health training modules that are appropriate for administrative leaders, clinicians, and other staff.		Need additional staff to work on this.	Supports PMA for Strategic Management of Human Capital and indirectly supports PMA for Competitive Sourcing.
2. IHS supports the development of an Indian public health Web site linked to the Indian Health Web Site. IHS works to		Need additional staff to work on this.; can be done via EPI web site	Supports PMA for Strategic Management of Human Capital and

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create a mechanism that will enable best public health practices in Indian health care settings to be readily shared via the internet or the IHS intranet. This strategy includes a ready means to obtain approval of new content, and to promptly publish it electronically.		and CDC hopefully	Expanded Electronic Government.
3. IHS assigns responsibility for ongoing content maintenance and improvement of this Web site to a specific entity or individual while ensuring that adequate clinical input is available.		Need additional staff for this.	Supports PMA for Expanded Electronic Government.
4. IHS assures that appropriate patient/consumer information, including health risk appraisal information, is available via the WEB.		Consumer web site in process with Univ of Washington and regional NLM site	Supports PMA for Expanded Electronic Government.
5. The Epidemiology Centers, in consultation with the tribes they serve, develop plans through which local Indian public health infrastructures can be strengthened. The plans include the identification of resources required beyond those currently available to the Epidemiology Centers.		To be incorporated into epi center agreements.	Supports PMA for Strategic Management of Human Capital.
Advocacy for appropriate public health			
1. IHS supports the development and availability of appropriate community public health tools. Public health codes, which are usually tribally developed and enforced, are one example of this work. Currently IHS, in conjunction with CDC, has worked to identify and share model			

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public health codes.			
2. IHS advocates for adequate funding of epidemiology centers within AI/AN communities.	IHS does this to some extent through budget formulation process.		
<b>OBJECTIVE 1.3 - Ensure access to information and technical expertise to define and characterize the community, identify the community health problems, and monitor the effectiveness of community interventions.</b>			
Define and Characterize the Community			
1. IHS works to develop a process that ensures that health information is available to those who need it (current data warehouse/data mart initiatives)	Data warehouse under development by (ITSC?).	Supports PMA for expanded e-gov't.	Supports PMA for Expanded Electronic Government.
2. IHS engages in ongoing relationships with other organizations to increase access to public health data (for example, shared immunization registries)	To some extent being done with CDC.		Supports PMA for Expanded Electronic Government.
3. IHS works to ensure that appropriate public health information is shared in a secure manner that meets HIPAA standards.	EISS and epi web sites are one of these initiatives within I/T/U		
4. While assuring data security and confidentiality of <i>individual</i> information, the IHS explores ways that improved epidemiological information can be obtained through data sharing with other data repositories.			Supports PMA for Expanded Electronic Government.
Identify Community Health Problems			
1. IHS continues to develop information systems that include information that can		.	Supports PMA for Budget and Performance

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be aggregated and evaluated by community.			Integration.
2. IHS develops a master person index that supports a user population that can be parsed by community of residence, as well as community of service.	Underway by ITSC?	In process currently to buy and implement an MPI	Supports PMA for Improved Financial Performance.
3. Adequate software tools are available that function as early community warning symptoms for public health problems.	Ongoing work to ensure that we are linked to state DHS	Links to homeland security?	Supports PMA for Expanded Electronic Government.
Monitoring and utilization of data to improve public and population health			
1. IHS establishes an appropriate process for the development of national indicators.	Under review/discussion by GPRA Coord. Committee.; should be proposed by 5/02		Supports PMA for Budget and Performance Integration.
2. IHS ensures that the set of national indicators share similar logic; the logic is published and available; a data warehouse is developed that includes the necessary data fields to retrieve the information essential for these indicators.	In process. See above process		Supports PMA for Budget and Performance Integration and Expanded Electronic Government.
3. The IHS engages in active steps to foster national Indian public health leadership capabilities in interested Indian organizations (for example, the Epidemiology Centers, the NICOA Data Project).	Executive leadership development program has a strong PH component		Supports PMA for Strategic Management of Human Capital and indirectly supports PMA for Competitive Sourcing.
4. IHS helps identify funds to specifically strengthen public health infrastructures at the local level, including funding available to non-IHS organizations with an Indian health focus that can assist with this capacity building.			Supports PMA for Strategic Management of Human Capital.

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5. IHS evaluates the health outcomes that result from this improved public health infrastructure.	Tribal Epi Centers and IHS		Supports PMA for Budget and Performance Integration.
Ongoing inclusion of community members in data access and evaluation			
1. The IHS ensures access to adequate training and resources for data evaluation and use.	Ongoing RPMS training, as well as data quality training	Supports PMA for strategic management of human capital. Needs additional funds.	Supports PMA for Strategic Management of Human Capital.
2. The IHS ensures that community members are involved in the Institutional Review Board (IRB) process, and have access to appropriate training and mentoring for IRB's.	current		Supports PMA for Strategic Management of Human Capital.
3. The Epidemiology Centers work to provide technical assistance, including data evaluation and dissemination, to individuals and communities.	current		Supports PMA for Strategic Management of Human Capital.
Ongoing Support for Tribal Epidemiology and Research Capacity Centers			
1. IHS continues to support the epidemiology centers, and advocates for their expansion in number, scope of services, and funding.		Expansion requires additional funding.	
2. IHS encourages the Epidemiology Centers, in consultation with the tribes they serve, to develop a plan through which local Indian public health infrastructures can be strengthened. The plan identifies resources required beyond those currently available to the		Same as #5 under objective 1.2.	

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Epidemiology Centers.			
3. IHS supports ongoing collaborative efforts, such as NARCH, with CDC, NIH, AHRQ, and other government agencies to provide public health services to AI/AN communities.			
<b>STRATEGIC GOAL 2: ACHIEVE PARITY IN ACCESS BY 2010</b>			
<b><i>OBJECTIVE 2.1 - Effectively advocate for the health of American Indians and Alaska Natives.</i></b>			
Assuring Credible Data for Performance Accountability and Documenting Health Needs			
1. IHS continues to develop the data capacity and performance management infrastructure to effectively manage programs and meet accountability requirements.	RPMS development/ development of on line web training and access		Supports PMA for Budget and Performance Integration and Expanded Electronic Government.
2. IHS nationally coordinates, and assists the I/T/Us in the provision of high quality, verifiable and pertinent health and fiscal data.	As above; ongoing training; development of GUI for easier access and use		Supports PMA for Budget and Performance Integration and Expanded Electronic Government.
3. IHS works to improve and expand current methods of disseminating data across the Indian health network to include a marketing approach and linkages to the local level.			Supports PMA for Expanded Electronic Government.
4. The Indian health system provides community-specific data for advocacy for specific local health needs.	Will be done via GPRA+ software for clinical indicators; NWIHB community assessment tools		
Tribes as Leaders in Indian Health Care			
1. IHS continues to facilitate tribal	IHS currently encourages		Supports PMA for Budget



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participation in performance planning and reporting.	participation in Area budget/GPRA worksessions.		and Performance Integration.
2. The Indian health network develops coalitions and partnerships between tribes and interested entities (such as Friends of Indian Health) with a focus on effective advocacy.			
<b>OBJECTIVE 2.2 - Support the delivery of comprehensive and quality Indian health care by maximizing all sources of funding and resources.</b>			
Improve Revenues			
1. IHS improves and expands its parity funding assessment for public health and community-based services.	Will be done by wrap-around workgroup.		
2. IHS reviews, revises and updates the IHS Business Plan on a routine basis	Will be done by Business Plan workgroup.		
3. IHS identifies existing cost accounting and cost reporting systems that have applicability to IHS for evaluation, testing and implementation (see 3.3)	Cost accounting IT systems in development	.	Supports PMA for Improved Financial Performance and Budget and Performance Integration.
4. IHS enlists the expertise of health care economists to evaluate the economic impact of health care treatment decisions.		Need to identify funding source.	Supports PMA for Strategic Management of Human Capital.
5. IHS evaluates and improves user-friendliness of billing and accounts receivable systems for all stakeholders.			Supports PMA for Improved Financial Performance and Budget and Performance Integration.

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6. Cooperative efforts are encouraged with states to maximize outstationed benefit counseling.			
Limit Costs			
1. IHS expands securing negotiated rates for Contract Health Services (CHS) with all possible vendors.	Area Offices and I/T/U business offices		Supports PMA for Improved Financial Performance and Budget and Performance Integration.
2. The IHS routinely explores opportunities to regionalize or consolidate common activities, such as financial, personnel, acquisition and property management services.	Human resources, public affairs, and legislative affairs to be consolidated within HHS.		Supports PMA for Improved Financial Performance and Competitive Sourcing.
3. IHS facilitates communication of successful business practices throughout I/T/U organizations that result in cost savings. These may include drug and supply purchasing, standardization of equipment and systems, and partnering with private and governmental sector entities for cost savings.		Need to identify staff to do this.	Supports PMA for Improved Financial Performance and Budget and Performance Integration.
4. IHS develops or secures software that facilitates cost accounting and cost reporting, such as bar coding scanning systems.	In process; pharmacy point of sale one example of improved billing and collections		Supports PMA for Improved Financial Performance, Budget and Performance Integration, and Expanded Electronic Government.
5. IHS provides improved systems for strategic financial planning and feasibility analysis at all IHS sites.			Supports PMA for Improved Financial Performance, Budget and

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			Performance Integration, and Expanded Electronic Government.
Funding From Other Organizations			
1. IHS establishes a more structured process and capability within IHS to assist the I/T/Us in applying for federal grants.		Need to identify staff to do this.	
2. IHS pursues other non-federal grant organizations.			
3. IHS engages in partnerships with other Federal programs and outside organizations to provide staffing, training, and evaluation resources to the I/T/Us and the tribally operated Epidemiology Centers.			Supports PMA for Strategic Management of Human Capital.
4. IHS works to eliminate existing barriers for accepting gifts and donations intended for Indian health care services, equipment, and construction.			
5. IHS develops mechanisms to integrate services received through tribal grants with IHS.			
6. The I/T/U's pursue grants for health initiatives such as substance abuse, chronic disease prevention, elder care, and women's health.			
Health Care Facilities			
1. IHS pursues authorities to allow acceptance of gifts and donations for			

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construction.			
2. The Indian Health Network pursues increased federal funding for new health care facilities construction to address aging/undersized/outdated I/T/U facilities.	IHS Facilities Appropriation Advisory Board		
3. The Indian health network pursues alternative methods to funding new construction, as well as equipping and staffing. Alternative methods may include increases in the Joint Venture Program, the Small Ambulatory Grant Construction Program, as well as other novel cooperative endeavors with funding and grant organizations.	IHS Facilities Appropriation Advisory Board		
4. The Indian health network promotes the need for maintenance and improvement funding increases to address the repairs, replacements, and modernization of existing I/T/U health facilities.			
5. The Indian health network promotes the need for increased federal funding for I/T/U locations for medical equipment replacement funding.			
<b>OBJECTIVE 2.3 - Expand and maintain organizational capacity and expertise.</b>			
Staff Recruitment, Retention, and Development			
1. The IHS continues support for the Executive Leadership Development Program.	Currently supported by IHS.		Supports PMA for Strategic Management of Human Capital.
2. The IHS facilitates the establishment of a coalition of IHS and stakeholders	Restructuring Initiative Workgroup		Supports PMA for Strategic Management of

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charged with the ongoing task of assessing current and future needs of the Indian health system and identifying resources from the broadest possible arena.			Human Capital.
Increasing Technical Capacity			
1. IHS Identifies and pursues training, technical assistance and collaboration from agencies with a focus on Healthy People 2010 and racial and ethnic health disparities. For example, CDC and NIH are implementing actions to address health disparities on demonstration projects. The IHS appointee to the HHS Office of Intergovernmental Affairs is a resource that can also assist in identifying and building such relationships.			Supports PMA for Strategic Management of Human Capital.
2. IHS expands contacts with tribal colleges for ongoing training partnerships.			Supports PMA for Strategic Management of Human Capital.
3. IHS facilitates the development of educational programs that can be shared via the Web and/or satellite to remote service delivery sites. This is done in conjunction with other federal agencies (e.g., CDC)	Done with up to date and other clinical based web resources		Supports PMA for Strategic Management of Human Capital.
4. The Friends of Indian Health provide technical assistance and training in advocacy to tribes and tribal groups.			
5. IHS develops an Internet-based resource list of people and organizations that have	Should be doable		Supports PMA for Strategic Management of

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proven capacity in consulting, training, and technical assistance for specific Indian health needs.			Human Capital, Expanded Electronic Government., and Competitive Sourcing.
6. Mentoring programs using retired, former, and existing I/T/U staff are established.			Supports PMA for Strategic Management of Human Capital.
<b>STRATEGIC GOAL 3: PROVIDE COMPASSIONATE QUALITY HEALTH CARE</b>			
<b><i>OBJECTIVE 3.1 - Provide comprehensive and effective health care services.</i></b>			
Provide comprehensive health care services			
1. The IHS facilitates the development of a recommended core pharmaceutical formulary to ensure the availability of appropriate and cost-effective treatment for all patients.	Under review/discussion by ELG? Yes; supported by NCCD executive council		Supports PMA for Improved Financial Performance.
2. IHS assists the I/T/U facilities in their ongoing development and integration of measurable clinical indicators into the health care delivery system to support the goal of decreasing health disparities.	GPRA+ software can/ will support this	Need staff to do this.	Supports PMA for Budget and Performance Integration and Improved Financial Performance.
3. The IHS, in conjunction with the Indian health network, develops a model evidence-based benefits package of essential health care services.		Need to identify group to do this.	Supports PMA Improved Financial Performance.
4. The IHS, through the Indian health network, ensures the integration of essential public health services into this model benefits package.			Supports PMA for Budget and Performance Integration and Improved Financial Performance.

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<b>Pursue Research into AI/AN Health Issues</b>			
1. IHS proactively advocates with all Federal research grant-making agencies for Tribal participation in research grants.		Need to identify staff to do this.	
2. IHS educates these agencies on the need to design grants that respond to the health needs of AI/AN communities, develop intervention infrastructure that it is sustainable within the communities at the end of the research project, and provides AI/AN with research training opportunities.		Need to identify staff to do this.	
3. The Epidemiology Centers, and/or Area Offices provide technical assistance to Tribes in applying for research grants and potentially serve a coordinating role in the research project.		Needs additional staff if done by Area Offices or expansion of Tribal Epi Centers	
<b><i>OBJECTIVE 3.2 - Improve the safety and quality of health care.</i></b>			
<b>Integration of Best Practices into the Provision of Care</b>			
1. The IHS supports initiatives that will ensure integration and access to appropriate clinical technology.	In process		
2. The IHS ensures ongoing and current access to best practices through WEB based interfaces.	In process with clinical information resource page		Supports PMA for Expanded Electronic Government.
3. The IHS coordinates the development, dissemination and integration of best clinical practice guidelines into the health care delivery system through the Indian health network.	Existing local I/T/U QA/Accreditation Teams	Could be combined with #4 under objective 1.1.	Supports PMA for Strategic Management of Human Capital and Expanded Electronic Government.

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4. The I/T/U system works towards integration of public health guidelines into individual patient care delivery systems.		Need to identify staff to work on this.	
Assure culturally competent care			
1. The IHS facilitates the evaluation and compilation of current approaches to educating providers about cultural competency.		Need to identify staff to work on this.	
2. The IHS works with HRSA (cultural competency activity) to ensure access to other appropriate resources that can be used to achieve this objective.	Could be done via web based education tools	Need to identify staff to work on this.	
3. The IHS assures that an emphasis on cultural competence is incorporated into the executive leadership training sessions.	Done ( I think)		
4. The I/T/U clinical care settings ensure the integration of basic cultural competency training during orientation sessions for new health care providers.			
Implementation of quality systems			
1. The IHS, in conjunction with other departments within DHHS, continues to develop and support an appropriate medical error-tracking system. This system provides ongoing confidential collection, evaluation, analysis and recommendations for decreasing medical errors.	This is a GPRA measure being done through Division of Risk Management, OCPS.		



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2. The IHS ensures the development and availability of provider medication order entry systems at point of care.	GI will allow for this; need VA Pharmacy 7.0 application; pharmacy PSG has supported this		
3. The IHS data system supports bar coding of pharmaceuticals.	Ask R. Pittman in process		
4. The IHS facilitates the development and support for an electronic medical record system at point of care.	GUI is the ISAC priority; patient chart, first GUI for IHS, has already been released		Supports PMA for Expanded Electronic Government.
Quality indicators			
1. The IHS provides ongoing support for development of appropriate clinical indicators that include public health priorities.	IHS GPRA Coordinating Committee		
2. The IHS ensures ongoing interagency collaborations with other groups, including AHRQ and ACQA that are working on clinical indicators. This work results in the integration of the IHS indicator set to reflect national clinical priorities.			
Ensure Consumer Access to Health Information			
1. The IHS works to establish appropriate WEB based patient and consumer health information.	Consumer web site		Supports PMA for Expanded Electronic Government.
2. IHS' clinical IT solutions make patient education documentation easier and more integrated into the delivery of care	In process with PCC+ and GUI		

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system.			
3. The Indian Health Care Network works with others to increase access to IT solutions to technologically challenged areas.			Supports PMA for Expanded Electronic Government.
<b>Ensure Provider Access to Medical Knowledge and Expertise</b>			
1. The IHS ensures WAN access to appropriate web based medical knowledge resources for provider use.	In process with clinical information resource web page		Supports PMA for Expanded Electronic Government.
2. The IHS ensures that its clinical IT solutions include access to appropriate medical knowledge bases at the point of care.	As above; need to be web based at point of care		
<b>OBJECTIVE 3.3 - Provide quality health information for decision making to patients, providers and communities through improved information systems.</b>			
<b>Expand and refine current information systems</b>			
1. IHS continues to provide leadership and coordination in the support and development of IT systems available for I/T/U use.	In form of clinical PSG ( CIMENTAC)		Supports PMA for Expanded Electronic Government.
2. IHS works to ensure the availability of an integrated information system that can interface with non-RPMS applications.	Through CIMENTAC		Supports PMA for Expanded Electronic Government.
3. IHS continues to engage with other agencies in development of appropriate software applications (e.g., Federal Health Information Exchange (FHIE)).	In form of VA relationship and sharing agreement		Supports PMA for Expanded Electronic Government.
<b>Ensure patient confidentiality</b>			
1. The IHS ensures that our IT solutions are	Bob Harry		Supports PMA for

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HIPAA compliant			Expanded Electronic Government.
2. The IHS develops and provides technical assistance in security issues to I/T/Us.	HIPPA issues within ITSC		Supports PMA for Expanded Electronic Government.
3. The IHS develops policies adequate to the electronic sharing of patient information.	Terry??		Supports PMA for Expanded Electronic Government.
Utilization of data to improve health care delivery			
1. The IHS ensures access to adequate resources for data evaluation and use.	need to do research	Needs additional funding.	
Improved Data Quality and Data Sharing			
1. Data sharing agreements are developed with relevant State and Federal agencies, such as State Vital Records departments, State Cancer Registries and other disease registries, the National Center for Health Statistics, Immunization Registries, CMS, etc.	Stan sits on NCVHS and is involved in national decision making		Supports PMA for Expanded Electronic Government.
2. The IHS National Data Center compiles and aggregates individual and population health and service data; assure combined analysis of business and health data; generate and distribute national information reports.	in process via the data center		Supports PMA for Expanded Electronic Government.
3. IHS develops appropriate method for data sharing with the private sector.	in process		Supports PMA for Expanded Electronic Government.
Facilitate the sharing of information from disparate sources			
1. IHS continues to develop and support	Terry??		

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ongoing sharing relationships with other federal and private organizations (e.g., FHIE, CDC Immunization Registry).			
2. IHS continues to support and provide input into the medical IT standards community (e.g., LOINC, HL7).	in process; LOINC integrated into the lab system		Supports PMA for Expanded Electronic Government.
3. IHS ensures that new internally developed software solutions are capable of capturing clinical, administrative, financial, epidemiological, and infrastructure information (see full list of data needs in the appendix)	yes; aware of need for all factors/sectors to be evaluated		
4. IHS assures the development of WEB based applications for patient centric IT applications (ORYX).	ORYX and EISS/ GPRA+		
Development and Support for Fiscal Systems that include Cost Accounting			
1. The IHS develops and integrates cost accounting solutions into our clinical IT package, which will interface with finance, accounts receivable, billing, data entry, coding, medical record, and patient registration, and will be compatible with PCC Plus, Envoy, Transworld, and Medicare/Medicaid electronic posting platforms.	Business Plan Workgroup		Supports PMA for Expanded Electronic Government and Improved Financial Performance.
2. Software solutions allow for inclusion of cost information, as well as other appropriate fiscal information.			Supports PMA for Expanded Electronic Government and Improved Financial Performance.

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<b>STRATEGIC GOAL 4: EMBRACE INNOVATION</b>			
<b><i>Objective 4.1 - Expand coalitions and partnerships to build a dynamic Indian health network.</i></b>			
Support for Coalitions and Partnerships			
1. IHS assures the development of partnership-coalition development plans at multiple levels, including national, Area, and local levels.			
2. IHS describes and demonstrates the importance of partnerships and coalitions to encourage appropriate consideration of such relationships in program planning and development.		Need to identify staff to do this.	
3. The IHS includes objectives in annual management managers' performance reviews that will demonstrate the creation or enhancement of partnerships and coalitions.			
4. The IHS establishes ways to assure that partnerships and coalitions are properly acknowledged and supported among IHS staff, e.g., the creation of an annual award for partnerships and coalitions.			
5. The IHS encourages and recognizes partnership and coalition building by non-IHS entities.			
6. The IHS establishes a formal feedback infrastructure to assure that input and feedback to key stakeholders and partners is accomplished in a consistent and timely manner, e.g., listserve, representation on the Indian Health Leadership Council.		Need to identify staff to do this.	

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7. The Indian health system forms workgroups to actively pursue potentially useful partnerships and coalitions and communicate those linkages to the rest of the Network.			
<b>Objective 4.2 - Become a network of innovative, creative, problem-solving organizations.</b>			
1. The IHS increases support for creative employee solutions, including use of awards (financial as well as recognition).		Need to identify staff to do this.	
2. The IHS develops a plan for program evaluation to provide a consistent approach for systematically evaluating programs, systems, processes, etc. This evaluation process shares methods and activities that work and also is a catalyst for developing new ideas.		Need to identify staff and additional evaluation funding.	Supports PMA for Budget and Performance Integration.
3. The IHS establishes an annual award process that recognizes innovative programs and processes .		Need to identify staff to do this.	
4. The IHS identifies and establishes a successful method for sharing of information.		Need to identify staff to do this.	
<b>Objective 4.3 - Improve two-way communications with patients, employees, and the network.</b>			
1. The IHS works with other organizations of the Network to assess how current communication systems and tools can be better coordinated for information sharing and providing feedback.	Bernie's work	Need to identify staff to do this.	Supports PMA for Expanded Electronic Government.
2. The IHS supports development of adequate communication systems within			

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each area and tribal officials and urban representatives.			
3. The IHS supports development of area level communication policies that ensure adequate provider communication between I/T/U sites.			
4. The IHS augments the use of technology and other communication channels with consistent interaction of key personnel at the Headquarters, Area, and tribal and urban program levels.			Supports PMA for Expanded Electronic Government.
5. The IHS establishes an electronic mechanism for consistent feedback.	In process; done for PCC+ for IT solutions	Need to identify staff to do this.	Supports PMA for Expanded Electronic Government.
<b>Objective 4.4 - Develop an alternative organizational structure to support Indian health innovation and advocacy.</b>			
1. The Indian health network identifies the expertise needed.			
2. The Indian health network determines the funding support required.			
3. The Indian health network acquires the funding support.			
4. The Indian health network determines and agrees on working method.			
5. The Indian health network establishes a think tank.			